

**United States Bankruptcy Court  
Western District of Virginia**

In re **Douglas P Drumheller  
Deborah F Drumheller**

Debtor(s)

Case No. **11-50673**  
Chapter **7**

**NOTICE OF CHANGE OF ADDRESS FOR CREDITOR (GENERIC)**

**The Creditor's Former Mailing Address and Telephone Number was:**

Name: **Carilion Clinic**  
Address: **PO Box 50021**

City, State and Zip: **Roanoke, VA 24022-0000**

**Please be advised that effective \_\_\_\_\_, 20\_\_\_\_,**  
**The Creditor's new mailing address and telephone number is:**

Name: **Carilion Clinic**  
Address:

City, State and Zip:

**The Creditor's Former Mailing Address and Telephone Number was:**

Name: **Carillion Clinic**  
Address: **PO Box 50021**

City, State and Zip: **Roanoke, VA 24022-0000**

**Please be advised that effective \_\_\_\_\_, 20\_\_\_\_,**  
**The Creditor's new mailing address and telephone number is:**

Name: **Carillion Clinic**  
Address:

City, State and Zip:

**The Creditor's Former Mailing Address and Telephone Number was:**

Name: **Check n Go**  
Address: **4540 Cooper Rd. Suite 200**

City, State and Zip: **Cincinnati, OH 45242-0000**

**Please be advised that effective \_\_\_\_\_, 20\_\_\_\_,**  
**The Creditor's new mailing address and telephone number is:**

Name: **Check n Go**  
Address:

City, State and Zip:

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Authorized Signer/Title

**United States Bankruptcy Court  
Western District of Virginia**

In re **Douglas P Drumheller  
Deborah F Drumheller**

Debtor(s)

Case No. **11-50673**  
Chapter **7**

**NOTICE OF CHANGE OF ADDRESS FOR CREDITOR (GENERIC)**

**The Creditor's Former Mailing Address and Telephone Number was:**

Name: **Carillion Clinic**  
Address:

City, State and Zip:

**Please be advised that effective May 19, 20 11,  
The Creditor's new mailing address and telephone number is:**

Name: **Carillion Clinic**  
Address: **PO Box 50021**  
City, State and Zip: **Roanoke, Va. 24022**

**The Creditor's Former Mailing Address and Telephone Number was:**

Name: **Carillion Clinic**  
Address:

City, State and Zip:

**Please be advised that effective May 19, 20 11,  
The Creditor's new mailing address and telephone number is:**

Name: **Carillion Clinic**  
Address: **PO Box 50021**  
City, State and Zip: **Roanoke, Va. 24022**

**The Creditor's Former Mailing Address and Telephone Number was:**

Name: **Check n Go**  
Address: **1327 W. Broad Suite #A**  
City, State and Zip: **Waynesboro, Va. 22980**

**Please be advised that effective May 19, 20 11,  
The Creditor's new mailing address and telephone number is:**

Name: **Check n Go**  
Address: **4540 Cooper Rd, Suite 200**  
City, State and Zip: **Cincinnati, OH 45242**

**/s/ Lucy Ivanoff, Esq.**  
Authorized Signer/Title